

SOMERSET REACH

FINAL EVALUATION REPORT

AUGUST 2009

Annabel Jackson Associates
The Priory
54 Lyncombe Hill
Bath BA2 4PJ
Somerset
Tel: 01225-446614
Fax: 01225-446627
Email: ajataja@aol.com

CONTENTS

SUMMARY	3
Background to Reach	3
Key findings on the NHS questions	4
Arts	5
Lessons for arts and health projects	6
1 INTRODUCTION	7
1.1 Background to Reach	7
1.2 Description of the project	8
1.3 Brief	8
1.4 Methodology	8
2 LOGIC MODEL	10
2.1 Conceptualisation	10
2.2 Logic model	10
3 ANALYSIS OF PARTICIPANT'S DIARIES	12
3.1 Introduction	12
3.2 Analysis of comments	12
3.3 Conclusion	14
4 ANALYSIS OF PARTICIPANTS' QUESTIONNAIRES	15
4.1 Introduction	15
4.2 Project start questionnaires	15
4.3 Who are your role models?	15
4.4 Is there any other kind of physical activity you would like to do but don't have access to? What?	16
4.5 Project end questionnaires	20
4.6 Moderation interviews	24
4.7 Conclusions	25
5 PARTNERS' PERSPECTIVES	26
5.1 Introduction	26
5.2 The health partners' perspective	26
5.3 The artists' perspective	26
5.4 The arts organisation's perspective	27

Copyright © Annabel Jackson Associates and Take Art, August 2009.

Not to be reproduced in part or whole without prior permission

SUMMARY

Background to Reach

Reach is a regional programme to develop sustainable partnerships between the arts and health sectors, running from September 2008 to March 2010. The programme aims to test the value of the arts to health partners, with the hope that successful projects will be taken up and funded in some form by health partners after the end of the Reach funding.

The partnership consisted of:

- Somerset NHS wanted an action research project using the arts to understand issues around obesity among 14-16 year olds, in particular: what influences food choices, physical activity, and possibly weight issues among young people? What are the barriers to changing to a healthier lifestyle and what are some of the solutions that might help? The age group was selected by the NHS.
- Community Health International wanted a set of images created by, and for, young people to help with the development of its diagnostic tool. CHI already has a tool consisting of a circular array of different images on community health subjects, designed to stimulate reflection and encapsulate feelings about patient's needs as well as making referral to services more personal and attractive.
- Take Art employed two artists, Richard Tomlinson and Emma Thomson, to run ten weekly sessions with 2.5 to 3 hours a week in two schools with year 9s and year 10s. Take Art also carried out a mediation exercise, sharing the images across the two schools so as to identify generally engaging images.
- ACE South West provided the funding and facilitated a regional partnership, with which the Somerset team engaged on group learning exercises.

The partners are planning further presentation of the images created from the workshops:

- An exhibition at the Victoria Park Community Centre partly curated by the young people.
- Creation of a short book with participants' comments.
- Production of a DVD and short film about the project.
- Production of a set of images for the two schools involved.
- Possible touring of the exhibition (e.g. to doctors' surgeries or youth clubs).
- Possible media coverage, whether through teenage magazines, or the Sunday supplements.

The evaluation had five methods: analysis of questionnaires from the participants, review of interviews carried out with participants, review of participants' diaries, review of artists' reports and facilitation of two learning workshops for partners in Somerset Reach in the middle and at the end of the workshops.

Key findings on the NHS questions

What do you think influences food choices, physical activity and weight issues among people of your age?

Detailed quotes and comments are given in the report. Overall these map onto two factors:

- Peer pressure. Young people see friendships as an important part of a healthy lifestyle, which means that they might choose to fit in rather than take the initiative in exercising or eating differently.
- Media pressure. Young people are very sensitive to the power but also the contradictions in media messages. For example, they feel pressure to look a certain way, but also want to be liked for themselves. They are aware of healthy living messages, but also note that there is lots of advertising for unhealthy food, and that many celebrities have unhealthy lifestyles. They would like to be healthy, but see that many media articles cast the body as an enemy, which does not seem a positive attitude to adopt.

What are the barriers to people of your age choosing a healthy lifestyle?

Across the different evaluation tools that we used young people identified many barriers to young people choosing a healthy lifestyle:

- Lack of self esteem. Young people felt that increasing young people's confidence would empower them to make healthy choices. By contrast the evaluation research showed that many of the project participants had a poor body image.
- Family life. Young people are affected physically and attitudinally by the unhealthy behaviour of parents.
- Enjoying junk food. Young people feel a conflict between what they are told they should do and what they want to do.
- Too easy access to unhealthy food.
- Laziness, comfort or habit. Not exercising was often an unintended effect of the time young people spent playing and enjoying video games and watching TV instead of exercising.
- Difficulty starting. Some young people did not feel they had the stamina to start exercising. Others did not want people to see them exercising as they thought they were obese.
- Rebelling against society. Some young people felt that the healthy living messages were so overpowering that they needed to find their own space by disregarding them.
- Money. The evaluation found a wide interest in young people accessing other forms of exercise, but these tended to be more the expensive or difficult to organise forms.
- Feelings. Some young people gave fear (of anorexia) or liking for food as reasons for not eating healthily.

Can you think of any solutions that would help young people of your age to choose a healthy lifestyle?

Young people suggested many solutions to help young people choose a healthy lifestyle:

- Positive messages. Young people emphasised that messages should show that healthy living is fun and a better way of life. They should not be seen as nagging or patronising young people. Our impression from the surveys is that negative messages reinforce those who are already healthy but alienate those who are not.
- Practical guidelines. Young people need advice on the exact nature of healthy eating and simple steps in changing habits.
- Role models. Young people would be influenced by seeing their idols doing sport and eating healthily.
- Advertising. Advertising for unhealthy foods should be reduced. Healthy foods such as fruit should be advertised in a commercial way. Campaigns should link to the interests of young people, for example they should include celebrity endorsement and promotions connecting to pop concerts or merchandising.
- School activities. Exercise should be more easily accessible. Schools should offer a wider range of exercise options, including the more exciting ones.
- There should be more exercise centres. These should be free or cheap for young people. Many young people felt that it was easier to emphasise exercise than healthy eating because it can be more easily presented positively.
- Media. Magazines should have more honest pictures of what people really look like - not Photoshopped.
- Shut down all the fast food restaurants.

Arts

The young people felt that the arts were a very effective way to explore health issues because they:

- Allow self expression.
- Are vivid.
- Engage the emotions, the whole person.
- Allow young people initiative and responsibility.
- Help young people express themselves non-verbally.
- Play to young peoples' strengths: they are often very visually sophisticated.
- Provide a fun form of reflection.
- Help to develop young peoples' confidence.

Lessons for arts and health projects

The Somerset Reach project was judged a success by all the partners. Key elements in its success were:

- The partnership spent some time deciding on the objectives for the project. An early version of the project was reworked because it did not meet the needs of the NHS. This commitment to finding an activity that suited all partners was seen as one of the factors in the success of the project.
- Time was spent in developing a partnership. The aim would be to continue the existing partnership, including funding, rather than bringing in new partners.
- The partners met frequently before and during the delivery of the project. This gave time to develop relationships, fine tune projects to reflect the perspectives of each partner, and reflect on lessons. Commitment from all partners was strong and attendance at project meetings was good.
- The artists were chosen carefully. They had technical skills but also great sensitivity in working with young people. They were complementary: one had an arts therapy background, the other a more traditional arts and practice background.
- The artists forged good relationships with the young people. Gaining trust was important in obtaining open responses.
- Evaluation was integrated into the project from the beginning. This gave a structure for the action learning element for the NHS, but also streamlined reflection methods such as the diaries.
- The projects had a clear debriefing stage at the end of the workshops which helped to give the participants closure.

One concern about the project is that the subject moved from the original direction around obesity to focus on anorexia and healthy living. This was a natural process of responding to the interests and perspectives of the participants.

The project gave a strong and powerful demonstration of the value of the arts to health partners. The arts give a time and cost effective way of engaging with people on many different levels, intellectually and emotionally, respecting individual identify and expression while also producing a group feeling that has general relevance and practical application. The artistic products are vivid, engaging, professional and customised to the specific circumstances of the project.

1 INTRODUCTION

1.1 Background to Reach

Reach is a regional programme to develop sustainable partnerships between the arts and health sectors, running from September 2008 to March 2010. The programme aims to test the value of the arts to health partners, with the hope that successful projects will be taken up and funded in some form by health partners after the end of the Reach funding.

Possible partners were identified through an open tender, with teams put together on a geographical basis. The Somerset partnership initially started with an additional partner from the private sector, which was hoping to use Reach to develop a training programme, but this relationship did not continue as it would have put the NHS in an awkward situation of effectively endorsing a (rather expensive) course that would have been commissioned through tendering procedures.

The Somerset partnership consisted of:

- Somerset NHS.
- Community Health International.
- Take Art.
- ACE South West.

The Somerset partnership spent some time deciding on the objectives for the project. An early version of the project was reworked because it did not meet the needs of the NHS. This commitment to finding an activity that suited all partners was seen as one of the factors in the success of the project. The project settled on an action research project using the arts to understand issues around obesity among 14-16 year olds. Somerset Reach would provide an innovative research methodology, drawing on the power of the arts to engage, communicate with and present the views of young people. Project participants would act as experts, using the arts to research the feelings, beliefs and views of their peers. The project would also provide art work to communicate key messages – or pose key questions - to a wider audience group.

The questions posed by the NHS for the project were:

- What influences food choices, physical activity, and possibly weight issues among young people?
- What are the barriers to changing to a healthier lifestyle and what are some of the solutions that might help?

Age group was selected by the NHS.

1.2 Description of the project

The project has five elements:

- Workshops with year 9s and year 10s in two schools using media arts (Richard Tomlinson) and drama (Emma Thomson). There were ten weekly sessions with 2.5 to 3 hours a week. In addition, two follow up sessions are planned for the autumn term 2009.
- Moderation. Sharing of the images across the two schools so as to identify generally engaging images.
- Contribution of images to Community Health International's diagnostic tool. The tool consists of a circular display of different images on community health subjects. The images are designed to stimulate reflection and encapsulate feelings about patients' needs as well as making referral to services more personal and attractive. The tool already contains images for older people and the Reach project will make an important contribution through providing images for, and by, young people.
- Presentation. Plans so far include an exhibition at the Victoria Park Community Centre partly curated by the young people, creation of a short book with participants' comments, production of a DVD and short film about the project, and production of a set of images for the two schools involved. Take Arts is also exploring the possibility for obtaining media coverage, whether through teenage magazines, or the Sunday supplements and for the exhibition to tour (e.g. to doctors' surgeries or youth clubs).
- Group learning with other projects within Reach.

The number of participants is small, however the data is rich and gives in depth comments from these participants.

Figure 1: Summary of the work in schools

School	Year	Timing	Theme	Selection criteria	Timing	Location
Huish Episcopi Science School	10	12 Jan 12-March	Curriculum led, GCSE art	Art class	In school time	In school
Chilton Trinity Technology School	9	Feb 24th-May 12th	Personal development	Non sports attenders	Partly outside school time	In the Victoria Park Community Centre

1.3 Brief

My brief was to provide an evaluation of the Reach programme focusing particularly on the NHS questions and the lessons for arts and health projects.

1.4 Methodology

This report is based on five sources of methods:

- Analysis of questionnaires from the participants.
- Review of interviews carried out with participants.

- Review of participants' diaries.
- Review of artists' reports.
- Facilitation of two learning workshops for partners in Somerset Reach in the middle and at the end of the workshops.

2 LOGIC MODEL

2.1 Conceptualisation

Conceptualisation is an essential first stage in evaluation. It serves to:

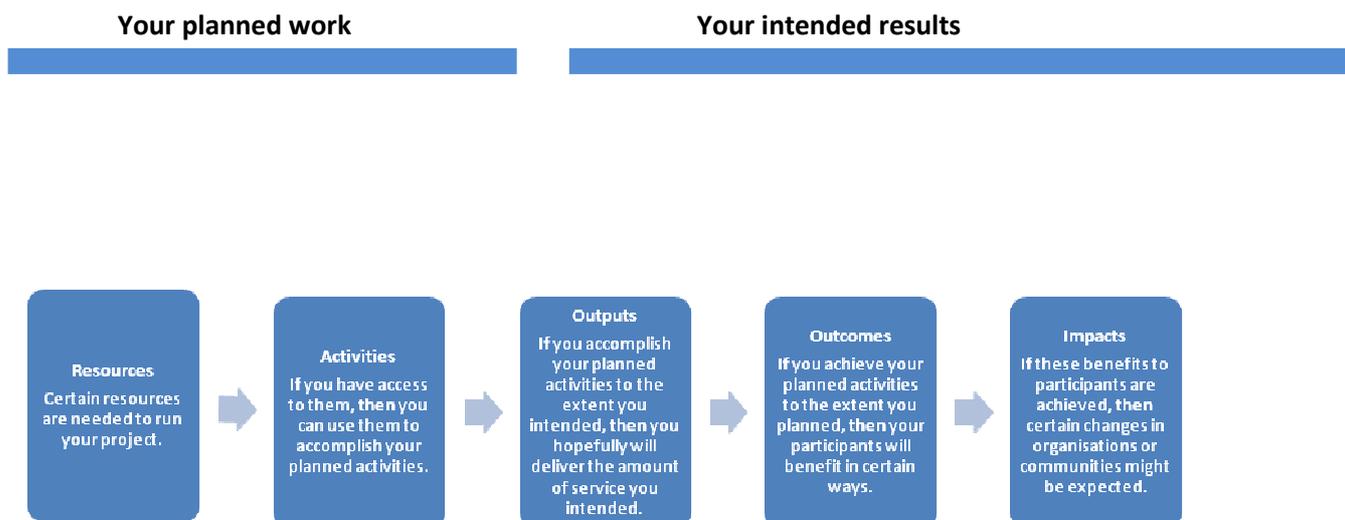
- Translate objectives into precise success measures and thereby into indicators.
- Clarify the theory of change behind a programme, the mechanisms whereby it will create the intended outcomes and impact.
- Test the assumptions underlying a programme.
- Test whether different partners share assumptions about the programme.
- Identify the different programme elements and contextual factors that will affect impacts.

Weak conceptualisation undermines not just the evaluation but also the implementation of a programme.

2.2 Logic model

A logic model is a visual depiction of a programme or project. Logic models were originally developed and popularised by The Kellogg Foundation in the United States. By plotting the different stages in a programme – the actions and assumed consequences (outcomes) - logic models provide a simple but powerful way of interrogating the causality assumed by a programme.

Logic models are read from left to right:



Logic models are useful to:

- Clarify hidden assumptions in programmes.
- Give a short visual account of a programme.
- Show the range of evaluation questions that could be asked of a programme.

Logic models are not intended to be comprehensive. The key with logic models to encapsulate the key elements of the programme. Logic models can and, indeed should, be refined over time as programme participants increase their understanding of how the programme does or should work.

A draft logic model for Somerset Reach is:

ASSUMPTIONS	PROCESSES	OUTPUTS	OUTCOMES	IMPACT
<p>That the arts can provide a powerful multi-sensory way of engaging, communicating with and presenting the views of young people</p> <p>That the arts can provide a sensitive indirect way of addressing issues</p> <p>That the participants can act as researchers aiming to understand the motivation of their peer group</p> <p>That the arts can provide new insights into ways of providing services for this age group</p> <p>That a strong partnership between arts and health organisations will raise the sustainability of the project</p>	<p>Projects with two schools: ten sessions with 14-16 year olds, in a mix of school sessions and after school clubs, using media arts</p> <p>Structured diaries</p>	<p>Number of young people participating</p> <p>Development of a diagnostic tool</p> <p>Possible production of a film or Internet presentation</p>	<p>Understanding of young people's feelings, attitudes, beliefs, behaviour, motivation, and aspirations around health living</p>	<p>Take up of the tool to encourage reflection around healthy living</p>

3 ANALYSIS OF PARTICIPANT'S DIARIES

3.1 Introduction

The diary was designed to perform three functions:

- To extend the thinking about the project outside workshop hours.
- To capture ideas and images that might be useful for the project.
- To compile information for the evaluation.

Diaries work best when structured through precise, reflective questions. The criteria for selecting the questions were:

- Brevity. We focused on a few key questions as the young people were asked to think about them over time.
- Variability. We did not ask about issues that were unlikely to change week on week e.g. beliefs or personality.
- Relevance. We included questions about the media so that young people who did not want or need to reflect on their eating still had something to write about. These questions also gave an opportunity to see young people's observation of and thinking about the NHS Change 4 Life Campaign, which coincided with the timing of the project.

The questions were directed by the brief from the NHS.

Figure 2: Questions at the start of the diary

Name: School: Postcode: 1. Do you have any reflections from the session? 2. How do you feel about what you eat and drink? 3. Have you been aware of messages in the media that are trying to persuade you to live healthily or unhealthily? 4. What do you think about them? 5. Have you had any ideas about what would encourage people of your age to eat healthily and do physical activity? Please tell us about your ideas.

3.2 Analysis of comments

All participants were given diaries but not all used them. The level of detail varied, with some writing less than a page and others writing several pages. Generally information in diaries was brief, with the impression that entries had been made on two or so occasions not regularly.

Notwithstanding this, the comments do give an insight into the views of this age group.

We have classified the comments so as to give an overall analysis.

3.2.1 Views on the media

Young people were very good at understanding and critiquing the hidden messages behind media advertising:

- Young people commented that the media often behaves as if the body is an enemy e.g. “Blitz that belly fat”. One young person commented that it sounds as if you are at war with fat. Another commented that the media is saying that “a bigger tummy is toxic”.
- Young people are very good at seeing contradictions in the media. For example: “Celebrities have to look perfect 100% of the time, then the media tries to get the worst photos”. Another example was that “you have to put your life at risk to look perfect”.
- The media gives mixed messages. “The media does try to encourage people to be healthy but there is lots of advertising for unhealthy food/drink”.
- A major problem of the media is the way it discourages people from being themselves. “Whenever you buy a magazine it is guarantee to have some kind of pressure on how to at healthily. In some ways it is good because it makes you aware of dangers if you don’t keep healthy, but who wants to know what celebrities are the fattest and thinnest, you should concentrate on being you and not be pressured into following celebrities”. “I want to look good but also to be liked for who I am not just how I look”.
- The media reduces the choices that young people feel they have. “Nowadays healthy eating doesn’t appear to be an option. It is either eat what you want and get a little bigger or don’t eat at all (or eat very little of often the wrong food) to stay or get thin”.
- Young people thought the media had an important impact on young people. One comment was “I still think the media is the key problem to how teenagers see themselves as having to be”.

3.2.2 How to encourage young people to have a healthy lifestyle

Young people gave some ideas on how to encourage others to have a healthy lifestyle:

- Find a positive way to present messages. “A good message to get across to young people is that healthy eating is fun”. “If there were advertisements for people to do exercise and show them having fun and there being a better outcome from doing it then it would encourage others to want to”. “Adverts suggest that healthy = yuck and unhealthy = yum”.
- Messages should be subtle. “We are nagged so much that it actually puts us off the whole idea of eating healthily”.
- Messages should be respectful not patronising. “Don’t let adults treat you like babies when they talk about healthy eating because that really puts you off”.
- The definition of a healthy lifestyle should have a social context. “A healthy lifestyle to me all depends on if you are happy with who you are, the friends you have and the way you live your life”.
- Acknowledge that parents do not always set a good example. “I know I am not happy with the way I live my life because I live in an extremely smoky house, which is really dangerous for a child with cystic fibrosis”.

-
- Provide practical guidelines on changing behaviour. “Some of us want to eat healthily but it is actually quite hard to stop the addiction to fatty foods”.
 - Health messages and products should be as enticing and targeted as commercial advertising. “There should be Twilight fruit bars”. “A good band like MCR should advertise health products, or if you eat so many fruit bars you should get CDs or tickets”.
 - Control unhealthy messages. “I think there should be less advertising that encourages people to live an unhealthy life style”.
 - Control unhealthy food. “Shut down all the fast food places then people would have to eat healthily”.
 - Help young people to have a healthy self image. “A lot of modern day health issues like anorexia are caused by self image, what people think they look like”. “Support young peoples’ confidence because then they will be able to make better choices”.

3.2.3 Impact of the project

Participants made positive comments about the project, which were about:

- The effect on confidence. “Having an image of me on a giant screen and getting over that fear has helped me to become more self confident”.
- The desire for the project to be longer. “It has been a gr8 few weeks. I just wish we had longer”.
- The supportive nature of the group. “Since I have been here I have enjoyed being here. I have had emotional times. Most people have been very supportive, which I am grateful for. The reason I shared about me becoming anorexic was so people know what it is like. I do still think I am overweight, but nothing is going to change the way I feel about myself.” “Just knowing the other people, the conversations I have had with them, have made me feel a little bit better about myself”.

The trust engendered by the project is illustrated by the personal nature of some of the comments recorded. This is a comment from a girl with anorexia: “The world is turning against me. Trying to make me fat and ugly. My so called friends. I am dead chuffed. I am done to a size 4. Now I would still like to be a bit smaller though. Size 2 has always been my goal.”

3.3 Conclusion

Participants wrote relatively little in their diaries. However, what was written was thoughtful and gave glimpses of the discussion taking part in the sessions. That is, diaries were not generally used as a tool for reflection in themselves, but as a way of writing down comments that occurred to participants during the sessions.

4 ANALYSIS OF PARTICIPANTS' QUESTIONNAIRES

4.1 Introduction

Participants filled in questionnaires at the beginning and end of the project. The questionnaires reflected the philosophy of the rest of the programme, which was to be open and experimental. The questions were less coded that would otherwise have been the case for an evaluation.

4.2 Project start questionnaires

13 of the 14 participants filled in questionnaires for Huish Episcopi School. At Chilton Trinity we received project start questionnaires from the 15 participants, although some were very incomplete.

The key points from the questionnaires are:

- Young people have a wide range of role models, celebrities but also family and friends.
- Young people take part in a wide range of physical activities. Especially at Huish Episcopi School young people are interested in, but cannot currently access other activities especially those that are more expensive.
- The impression is that messages about healthy eating reinforce the behaviour of young people who are already healthy but further alienate those who are not.
- As with the analysis of diaries, we observe that young people include being happy and having friends within their definition of a healthy lifestyle. This might imply a conflict between eating healthily and fitting in with peers.
- As with the analysis of diaries, young people emphasise the importance of keeping healthy eating messages positive.
- The young people at Chilton Trinity tend to prefer eating on their own so that they can control their eating more and avoid adverse comments from others about what they are eating.

4.3 Who are your role models?

Respondents mentioned: parents, older siblings, friends, celebrities, sports people, bands, singers, models, artists, none.

4.3.1 Please complete this sentence for you: When I look at myself in the mirror I...

We classified comments into:

- Happy. I am pleased and do a 'joey'
- Contented. Think I am normal. I think I am cool. I don't have many thoughts. I accept who I am.

- Curious. I wonder if I see myself the way other people see me
- Proud. I imagine myself on stage acting or singing.
- Neutral. I check my hair. I check how I look.
- Unhappy. I feel bad and ugly and compare myself to other people. I see someone completely different who is confused and doesn't know which path I should take and always sees the bad things in me. I see my stomach and think I need to get thinner. I am disgusted. I think I am fat and ugly. I am majorly disgusted.

Positive comments were of four different kinds. Negative comments tended to be about weight or beauty.

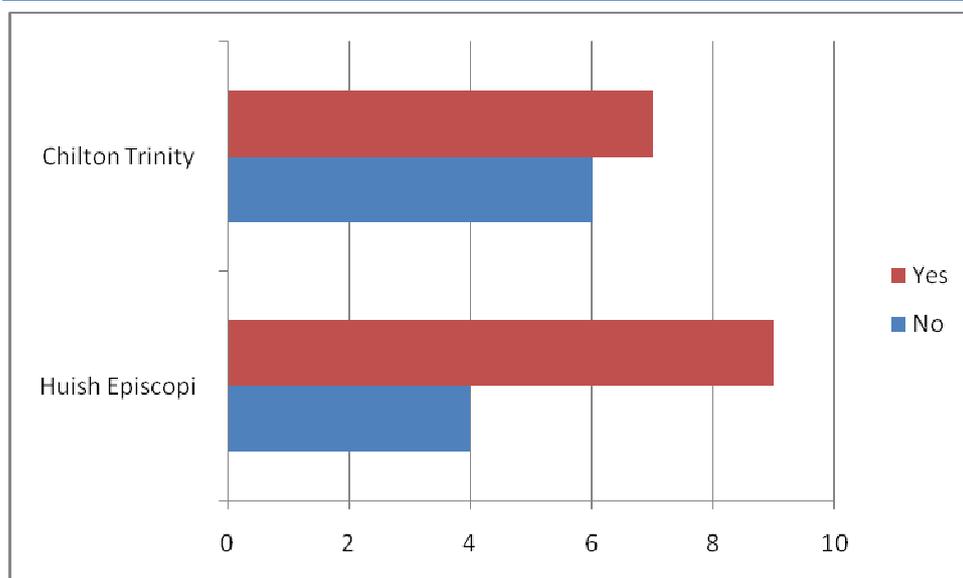
4.3.2 What physical exercise do you do?

Participants from Huish Episcopi School mentioned: gym, dancing, walking, running, PE, rugby, football, WiiFit, trampolining, yoga, cycling, hockey, badminton, swimming, skating and rounders.

Participants from Chilton Trinity School mentioned: sport, PE, dance, netball, hockey, badminton, snow jumping, swimming, bike riding, foot ball, basketball, yoga, running, golf, gym, tap and ballet.

These lists appear to be dominated by activities that young people might encounter at school.

4.4 Is there any other kind of physical activity you would like to do but don't have access to? What?



Participants from Huish Episcopi School mentioned: base jumping, bungee jumping, sky diving, horse riding, gym, golf, mountain biking, snowboarding, dancing, surfing, rock climbing, canoeing.

Participants from Chilton Trinity School mentioned: dance, baseball, kickboxing, climbing, archery, ice skating, pool.

It is interesting that both groups mentioned dance as desirable. Other activities of interest tend to be more unusual and perhaps more expensive.

4.4.1 Please complete this sentence for you: When I hear the phrase healthy lifestyle, I feel ...

We classified responses as:

- Bad. I am fat and don't seem to lose weight.
- Bored. There are so many people going on about it.
- Pressured. As if I am not eating enough healthy food. There is a lot for our age group and it is always there.
- Confused. What is it?
- Motivated. Like I should be even more healthy although I am pretty healthy.
- Contented. I like my life so I don't worry about it.
- Happy. I do a lot of sport and eat healthy food.

Reactions tend to be positive or negative, depending on current behaviour, rather than neutral.

4.4.2 What do you see as the most important parts of a healthy lifestyle?

Participants from Huish Episcopi School mentioned: eating healthily, five a day, eating breakfast, exercising regularly, staying in shape, being happy, being comfortable with who you are, healthy outlook.

Participants from Chilton Trinity School mentioned: a good relationship with family and food, exercise, a balanced diet, how you look after yourself, no drugs, fruit and vegetables.

As with the diaries, the young people expressed a view of healthy lifestyles that includes relationships and happiness.

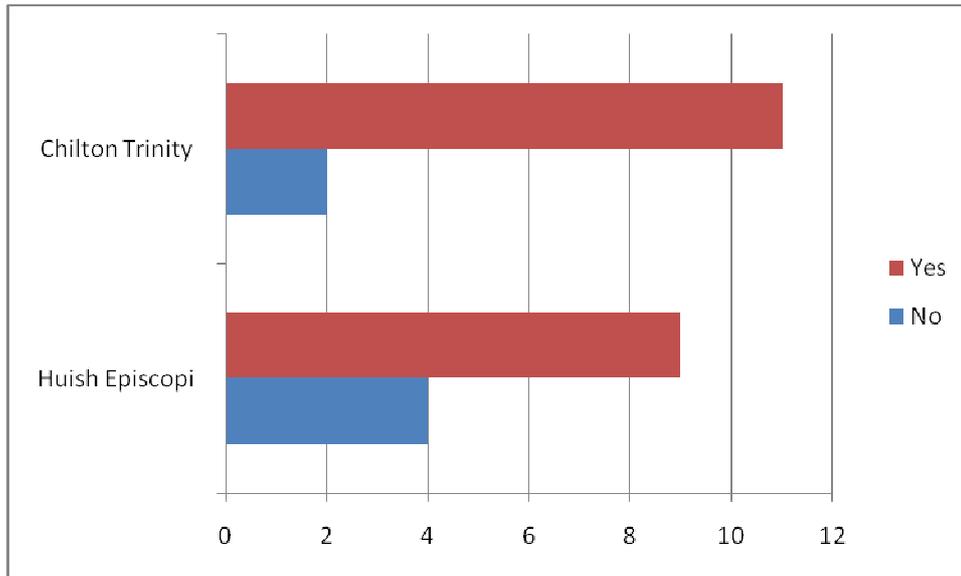
4.4.3 What is an unhealthy lifestyle?

Participants from Huish Episcopi School mentioned: eating unhealthily, eating excessively, eating chocolate, not exercising regularly, smoking, binge drinking, going down the pub, being obese, an unsocial way of life, putting your health in danger, and being unhappy with your body.

Participants from Chilton Trinity School mentioned: Not exercising, eating junk, fatty foods, fags, a bad relationship between yourself and life.

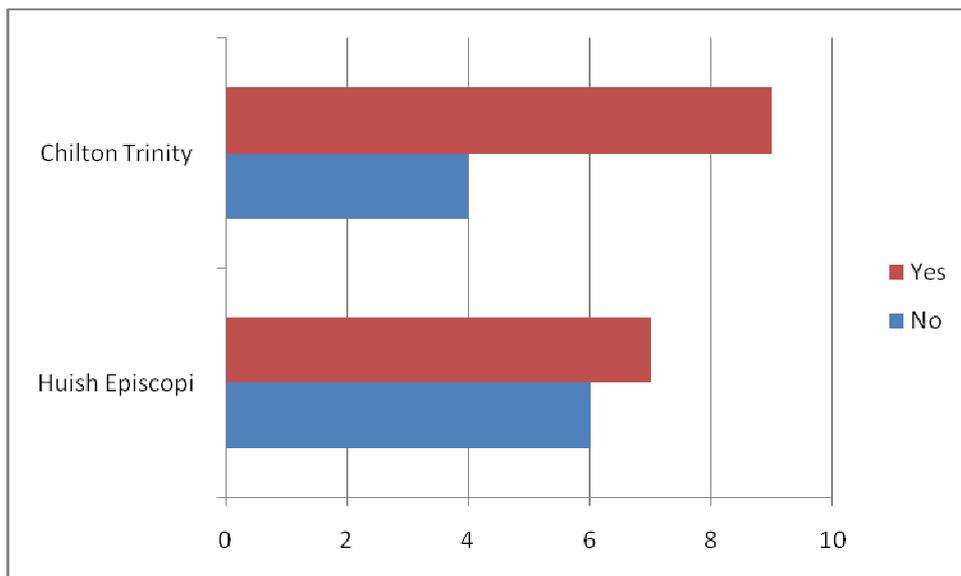
The definition of health is broad, including risk taking and body image.

4.4.4 Are you happy with the amount of physical activity you do?



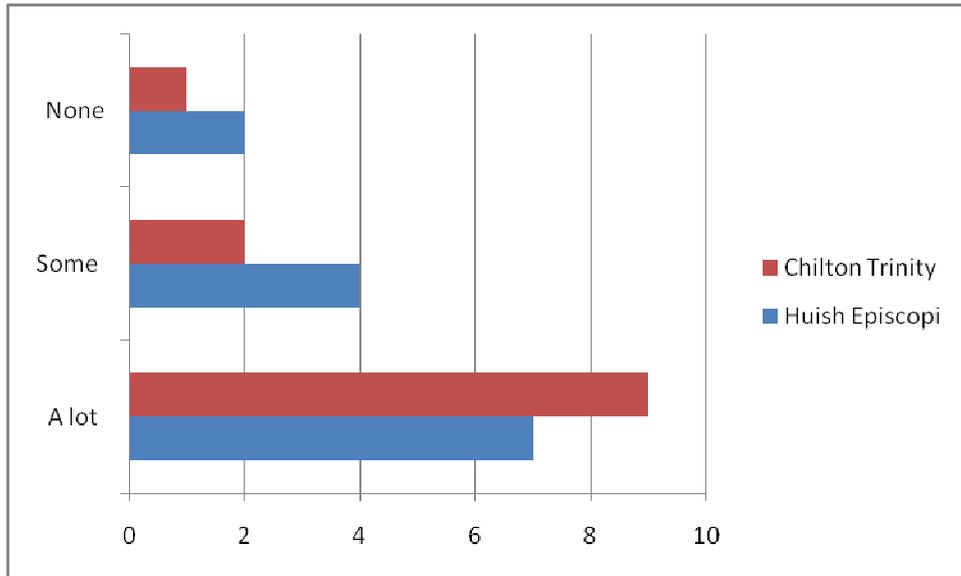
Participants are generally happy with the amount of physical exercise they do.

4.4.5 Do you think about what you eat?



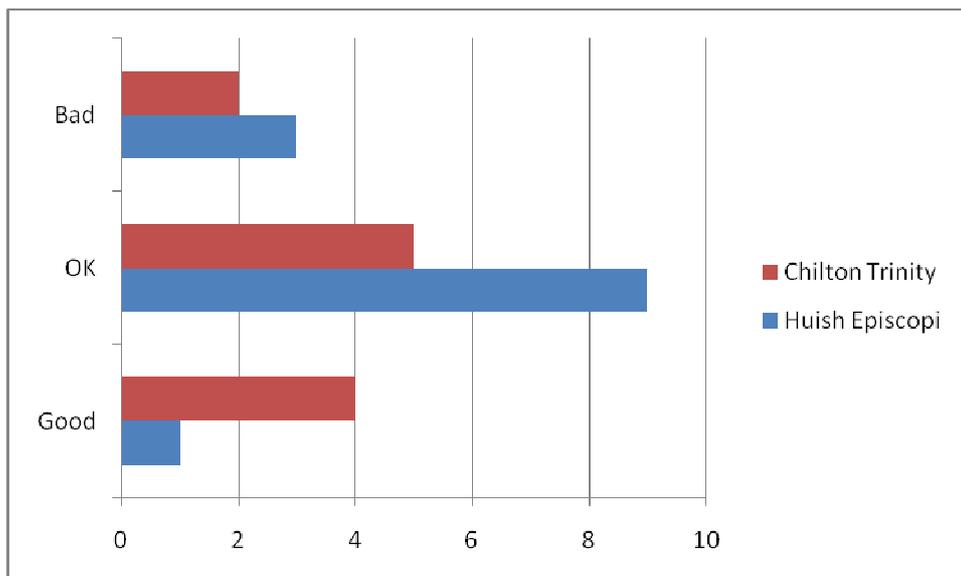
Participants do think about what they eat, especially at Chilton Trinity School.

4.4.6 What choice do you get about what you eat?



Participants say that they generally have choice over what they eat.

4.4.7 How do you feel about what you eat?



Participants generally feel fine about what they eat, although figures for Huish Episcopi are lower.

4.4.8 Do you see eating as a sociable activity or are you equally happy to eat on your own? Why?

Participants from Huish Episcopi School said:

- I eat with other people but I don't necessarily view it as a sociable activity.
- It doesn't matter either way as long as you are happy with what you are eating.
- I eat with my family and we chat about our day and our problems.
- I am happy to eat alone because I eat less.

-
- Eating on your own is cool.

Participants from Chilton Trinity School said:

- Eat on your own because then you can eat whatever you want.
- I enjoy eating on my own because I am concerned about what other people will think of what I eat.
- I would rather eat on my own because I can then eat less.
- I would rather eat on my own for fear of looking fat.

Eating alone is one strategy, not perhaps a positive strategy, for controlling eating, especially at Chilton Trinity School.

4.4.9 What do you think would encourage people of your age to eat healthily and do physical activity?

Comments included:

- Making it fun to do. Don't pressure them. People like to make their own decisions and it is hard to change their opinions. There should be less media coverage as we are getting fed up with it. I don't think you can persuade them. You have to want to do it yourself. Making it fun but not nagging, young people tend to do the opposite and rebel.
- Positive role models. Examples of people who are happy due to a healthy lifestyle and physical activity. Famous people being healthy. Knowing what your role models eat.
- Good advertising.
- Information/images. Seeing what could happen to you if you didn't eat the right food and exercise. Show them a picture of them in the future.
- A wider range of activities and clubs.
- More activity in school.

4.5 Project end questionnaires

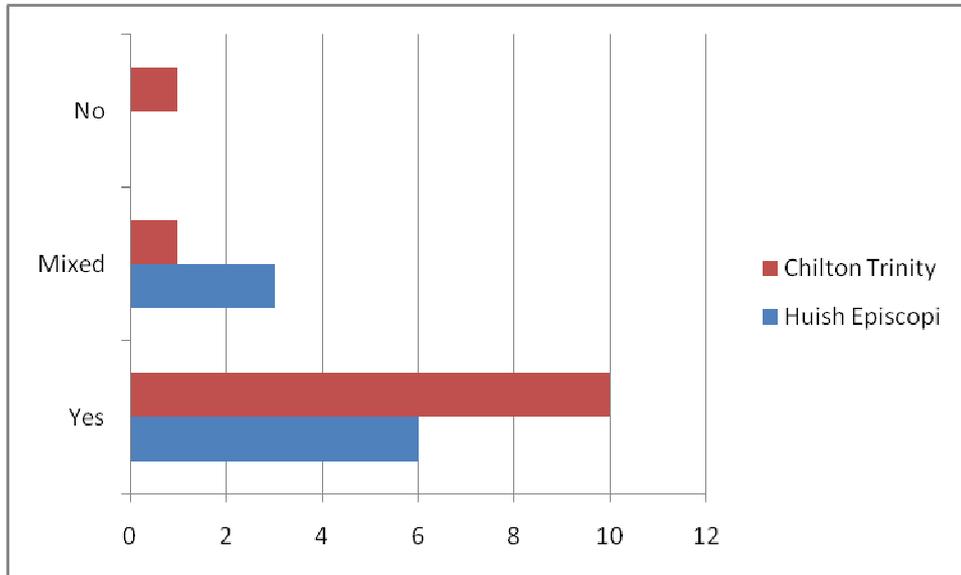
There were ten project end forms for participants from Huish Episcopi School and 14 from Chilton Trinity School.

The key points were:

- Most participants enjoyed the experience, especially the photography. Chilton Trinity School participants especially liked the social aspect of the project.
- There were mixed views on whether the project should have been longer or shorter.
- Young people say that they have not changed their eating or physical activity as a result of the project. This confirms the impression that young people are generally already receiving messages about healthy lifestyles and raising awareness is not enough.

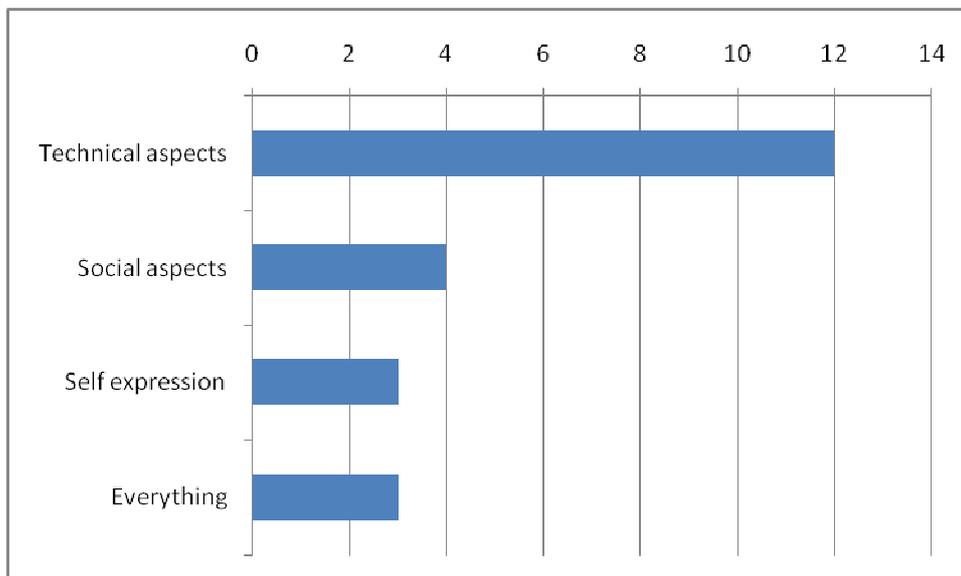
- Young people greatly appreciated the use of art to talk about healthy eating because this gave more scope for personal expression and talking about emotions, as well as products to show what they had done.
- Young people have mixed views on their self image, as at the start of the project, with perhaps a slight increase in detachment.

4.5.1 Did you enjoy the project?



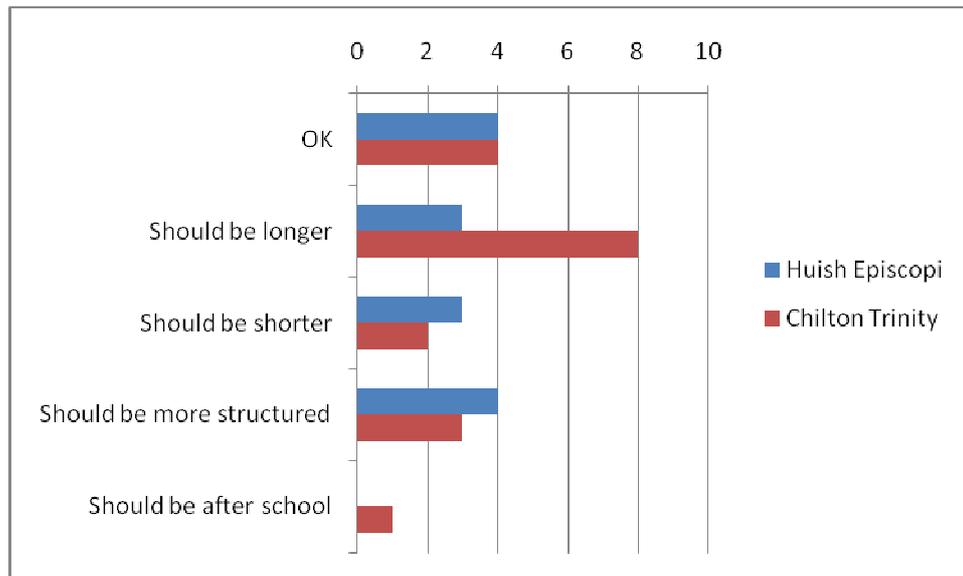
Only one respondent said he did not enjoy the project.

4.5.2 What did you enjoy about the project?



Participants particularly liked the film making, editing and learning new skills. As well as the pleasure from creative activity, using expensive equipment made the young people feel trusted and grown up.

4.5.3 What did you think about the length and timing of the project?



Participants from Chilton Trinity School tended to want the project to be longer. Participants from Huish Episcopi School varied in their views.

4.5.4 Having gone through this process is there anything you do differently in your eating or physical activity?

All respondents from Huish Episcopi School said no, compared to half of respondents from Chilton Trinity School.

4.5.5 Do you think it is a good idea to use the arts to explore issues of healthy living? Why?

All except one of the participants thought that the arts were a very good way to explore issues of healthy living because of:

- Enjoyment. It makes it fun.
- Reflection. You can create false situations and discuss how they could be solved
- Vividness. You can show what you have learnt to others in interesting ways. People will take more interest and pay more attention. Art is a way of conveying your thoughts. It is a visual representation of current affairs
- Expression. People can be more confident and expressive. You get to see other peoples' views. It is very expressive and so is a good creative way to show ideas.
- Language. If people don't want to talk they can do it by actions. You can show more things through pictures than speaking.
- Positive. It is a way for young people to do what they do best.
- Emotion. Art shows how you feel about something
- Initiative. Because people can make their own decisions about things rather than being constantly told

- Reflection. Definitely because it makes you think more about a subject when you have something to relate it to.

One respondent said: “Personally I can’t relate art to healthy living.”

4.5.6 How could the project be improved?

Comments included:

- More time on photography. A wider range of photography activities.
- Have the opportunity to work in different mediums. More work with the video camera and the laptop. More interesting things.
- Get everyone more involved with what they want to do.
- More helper people.
- I don’t think it could be improved.

4.5.7 Please complete this sentence for you: When I look at myself in the mirror I...

Again, we classified comments:

- Happy. I think I am adorable, fit and lovely. I smile.
- Neutral. I do my hair.
- Unhappy. I sometimes feel insecure about how I look, like most teenagers. I usually see a smile masking things that can never escape. I am ashamed and disgusted. I think I am too fat and ugly. I think I am fat. I see a person that I don’t know and don’t want to know and I don’t like the way I look. I am still disgusted at what I see.

Negative comments predominate.

4.5.8 Please complete this sentence for you: When I hear the phrase healthy lifestyle, I feel ...

We classified comments:

- Nagged and annoyed.
- Pressured to eat healthily and keep fit.
- Aware but lazy. I have heard it all before.
- Contented. I enjoy the fact I have a healthy life style.
- Normal. Because healthy lifestyle means all sorts to different people.
- Uncertain. It is not very well explained.
- Resistant. Like I don’t really want to eat rabbit food. I feel like you should get to choose without people forcing it down your throat.

-
- Concerned for the deteriorating health of this world.
 - That it is all about being health and fit and maybe not about being happy.
 - Motivated. I could do more to have a healthy life style and everyone should.

This is a mix of positive and negative reactions.

4.5.9 Did you learn anything from the project?

Participants mentioned:

- Healthy eating. People can think very deeply about how to be healthy in a range of ways and there can be both bad and good points about it.
- Healthy living. I learnt what everyone thought about healthy lifestyles and what it means.
- Social issues. That many of us feel the same. How others reacted during this project was interesting. That everyone can make a beautiful photo.
- Skills. How to work filming equipment. Staging, directing, expressing and sharing ideas, editing and recording, scripting. Popularity isn't everything. You should like someone for who they are. I learnt more about myself as a person. How to work in a group and how to speak freely. That we shouldn't judge people by what they look like.
- Media. My views on the media.
- Skills. Technical skills. How to use the cameras.

This list shows that the project operated on several different levels.

4.6 Moderation interviews

I have 20 questionnaires.

4.6.1 What do you think influences food choices, physical activity and weight issues among people of your age?

Responses fall into two categories:

- Peer pressure. Bulling at school.
- Media pressure to look a certain way. Advertisements. Magazines. Celebrities. Models.

4.6.2 What are the barriers to people of your age choosing a healthy lifestyle?

Participants suggested these barriers:

- Lack of self esteem.
- Family life.
- Enjoying junk food.

-
- Enjoying video games and watching TV instead of exercising.
 - Difficulty starting. Not having the stamina for exercise. Not wanting people to see you exercising if you are obese.
 - Too easy access to unhealthy and usually more tasty food.
 - Laziness. Comfort. Habit.
 - Rebelling against society.
 - Money. Sports clubs are expensive.
 - Access. Nowhere to exercise.
 - Time.
 - Feelings. Fear of anorexia. Liking food.

4.6.3 Can you think of any solutions that would help young people of your age to choose a healthy lifestyle?

Participants suggested ways to change eating and exercise habits:

- Positive messages. Prove that they are fun and a better way of life.
- Role models. Seeing your idols doing sport and eating healthily.
- Advertising. Advertise fruit. Cut down adverts for fatty foods.
- Images. Show them what they would look like if they carry on for 30 or 40 years.
- School activities.
- Media. More honest pictures of what people really look like (not Photoshopped).
- Exercise centres. Free and cheap for young people.
- Shut down all the fast food restaurants.

4.7 Conclusions

Responses are fairly consistent across the two schools and across the different stages of the project. The main differences are:

- Chilton Trinity School benefitted from going outside school including having a chance to change out of their uniforms.
- The age difference appeared to make a big difference. The younger group, from Chilton Trinity School, were less self conscious and more willing to engage emotionally with the project.
- Participants from Huish Episcopi School were more individual. Participants from Chilton Trinity School were more group oriented.

5 PARTNERS' PERSPECTIVES

5.1 Introduction

Somerset Reach spent considerable time building a partnership before, and during delivery of the programme. The partners met six times during the project, with most partners attending all meetings.

5.2 The health partners' perspective

The project was highly positive from the health partners' perspective:

- The NHS's objectives were strongly valued. An earlier version of the project was changed because of concerns whether these objectives would be met. The NHS were aware that this negotiation process extended the planning stage and appreciated the other partners' commitment to producing an outcome satisfactory to all.
- There were a number of helpful synergies. The partner from Community Health International had already worked with one of the artists with who she had a strong relationship and this existing connection helped to give the project cohesion. This same partner was transferred to the Victoria Park Community Centre, where half the workshops took place.
- There have been wider benefits. For example, the project has helped to establish the Victoria Park Community Centre as a youth space. The Centre is considering putting further activities in the building, aside from the planned exhibition. Chilton Trinity School has now put in place support for pupils who want to talk about eating issues and wider issues.
- The images are very useful for the diagnostic tool of Community Health International. The images and quotes will help young people access their feelings. Expressing how young people feel and acknowledging their identity, will provide a sensitive and time effective way to identify needs and increase their take up of the support services they need. "Young people will relate much better to this process than to being given a leaflet talking about support groups".

Overall, the partners concluded that: "The partnership has been very generous, people have been very productive."

5.3 The artists' perspective

The artists both produced project reviews. The key points from these were:

- Recruitment is important. At Huish Episcopi School the young people were recruited thinking they were joining an arts media project and were resistant to the drama element.
- There was a balance between letting participants lead the project and producing sufficient art work.

-
- The two groups varied: The Chilton Trinity School group was more emotional. Many had difficult home lives and some had eating disorders. As one of the artists said, the process sometimes felt more like ‘social intervention’ than ‘skill development’. Participants at Huish Episcopi School created some high quality art work but were less willing to work outside their comfort zone than was the case for pupils from Chilton Trinity School. At Chilton Trinity School Individual participation in the creative activities varied widely across the group.
 - Developing confidence in young people is an important outcome in itself, and one at which the arts can make a special contribution.
 - The groups seemed more concerned about anorexia than obesity.
 - Although the groups were very different both expressed the view that the main factor affecting young peoples’ ability to choose a healthy lifestyle was their emotional health.
 - The arts are a good medium through which to talk about health.

5.4 The arts organisation’s perspective

Take Art spent considerable time and care delivering the project and felt that it contained many elements of good practice:

- The artists were chosen carefully. They had technical skills but also great sensitivity in working with young people. They were complementary: one had an arts therapy background, the other a more traditional arts and practice background.
- The artists forged good relationships with the young people. Gaining trust was important in obtaining open responses.
- Time was spent in developing a partnership. The aim would be to continue the existing partnership, including funding, rather than bringing in new partners.
- Evaluation was integrated into the project from the beginning. This gave a structure for the action learning element for the NHS, but also streamlined reflection methods such as the diaries.
- The projects had a clear debriefing stage at the end of the workshops which helped to give the participants closure.

One concern about the project is that the subject moved from the original direction around obesity to focus on anorexia and healthy living. This was a natural process of responding to the interests and perspectives of the participants.